



Work Order Bid (ID)

WORK ORDER INFORMATION

Work Order Name: WO/20002BR0142/1

Work Order Type: Weatherization

Audit Name: 20002BR0142

CLIENT INFORMATION

Client ID: 20002BR0142

AGENCY INFORMATION

Agency: Bradley-Cleveland CSA

Address: P. O. Box 3297
Cleveland, TN 37320

Agency Contact: Gaskins, Glenn

Agency Phone:

Fax:

Email Address:

Work Phone: (865) 690-8302

Cell Phone: (865) 679-8303

Email Address: amerispechome20@bellsouth.net

Company Name & License Number: _____

Contractor's Signature: _____

COMMENT

Site Built Home
Pre-1978. Lead Safe Weatherization Protocol apply.

Measures

| Measure 1 Infiltration Redctn | | | | Components | | | Inspected | | |
|---|------------------------|------------------------|----------------------|----------------------|----------------------|----------------------|--|----------------------|----------------------|
| Comment Concentrate air sealing at basement area. 1. Weatherstrip with door sweep at door to garage. 2. Foam large openings in floor and walls at laundry area. Large amounts of air infiltration. If questions as to location consult client as he was aware of air infiltration in these locations. Caulk and seal at sill and box sill along rear framed wall at foundation. 3. Weatherstrip D1 front entry door. Install new threshold. | | | | | | | <input type="checkbox"/> | | |
| # | Material / Labor | Description / Comment | Units | Estimated | | Actual | | | |
| | | | | Qty | Unit Cost | Total | Qty | Unit Cost | Total |
| 10 | Miscellaneous Supplies | Infiltration Reduction | Each | 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other Detail | | | | | | | | | |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Measure Sub Total: | | | | | | <input type="text"/> | Sub Total: <input type="text"/> | | |
| Field Notes: | | | | | | | | | |

| Measure 2 DWH Pipe Insulation | | | | Components | | | Inspected | | |
|---|----------------------|--|----------------------|----------------------|----------------------|----------------------|--|----------------------|----------------------|
| Comment | | | | | | | <input type="checkbox"/> | | |
| # | Material / Labor | Description / Comment | Units | Estimated | | Actual | | | |
| | | | | Qty | Unit Cost | Total | Qty | Unit Cost | Total |
| 1 | Insulation | DHW Pipe Insulation cost for 10' of wrap | Each | 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | Labor | DHW Pipe Insulation | Each | 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other Detail | | | | | | | | | |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Measure Sub Total: | | | | | | <input type="text"/> | Sub Total: <input type="text"/> | | |
| Field Notes: | | | | | | | | | |

| Measure 3 DWH Tank Insulation | | | | Components | | | | Inspected | |
|--------------------------------------|----------------------|-----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Comment | | | | | | | | | |
| | | | | Estimated | | | | Actual | |
| # | Material / Labor | Description / Comment | Units | Qty | Unit Cost | Total | Qty | Unit Cost | Total |
| 1 | Hot Water Equipment | DHW Tank Insulation | Each | 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | Labor | DHW Tank Insulation | Each | 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other Detail | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Measure Sub Total: | | | | | | <input type="text"/> | Sub Total: | | <input type="text"/> |
| Field Notes: | | | | | | | | | |

| Measure 4 Practice Lead Safe Weatherization (Walls) | | | | Components | | | | Inspected | |
|--|-------------------------|-----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Comment | | | | | | | | | |
| | | | | Estimated | | | | Actual | |
| # | Material / Labor | Description / Comment | Units | Qty | Unit Cost | Total | Qty | Unit Cost | Total |
| 1 | Health and Safety Items | Equipment | Each | 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | Labor | Labor | Hour | 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other Detail | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Measure Sub Total: | | | | | | <input type="text"/> | Sub Total: | | <input type="text"/> |
| Field Notes: | | | | | | | | | |
| Work Order Grand Total: | | | | | | <input type="text"/> | Grand Total: | | <input type="text"/> |